
2018 ANNUAL SUMMARY OF DEATHS AMONG INDIVIDUALS PRESUMED TO BE HOMELESS AND INVESTIGATED BY THE KING COUNTY MEDICAL EXAMINER'S OFFICE

SUMMARY

1. In 2018, the King County Medical Examiner's Office (KCMEO) investigated the deaths of 194 individuals presumed to be homeless. This represents 25 more deaths than investigated in 2017 (n=169).
2. There is little year-to-year variation in the causes of death. Thirty-eight percent (38%) of presumed homeless deaths investigated by KCMEO were attributed to natural causes, including cardiovascular and respiratory complications. Thirty-two percent (32%) of deaths were classified as unintentional injuries from drug overdose.
3. The geographic distribution of presumed homeless deaths investigated by KCMEO has remained relatively stable over time, with all regions experiencing similar proportional increases in the number of MEO-investigated deaths among this population.
4. As in recent past years, over half of MEO-investigated deaths occurred outdoors. A subset of outdoor deaths (n=17) were attributed to a pedestrian-vehicle accident. The remaining outdoor deaths were attributed to other causes and occurred in spaces not intended for human habitation.
5. Demographic characteristics of MEO-investigated decedents presumed to be homeless in 2018 is similar to that reported in earlier years. The majority of decedents are male (82%). African American and Native Americans are overrepresented.

METHODS

The King County Medical Examiner's Office (KCMEO) investigates deaths that are unexpected, sudden, violent, suspicious, and/or lack a known cause (approximately 17% of all deaths in King County). This report describes 194 deaths of individuals presumed to be homeless in 2018. All of the deaths described underwent autopsy and toxicology testing. Demographics were determined post-mortem.

The KCMEO determines homeless status based on information inferred from place and circumstances of death and/or testimony from witnesses or next of kin. Given the complex nature of human remains investigations and the intricacies of homelessness, use of the term 'presumed' is recommended.

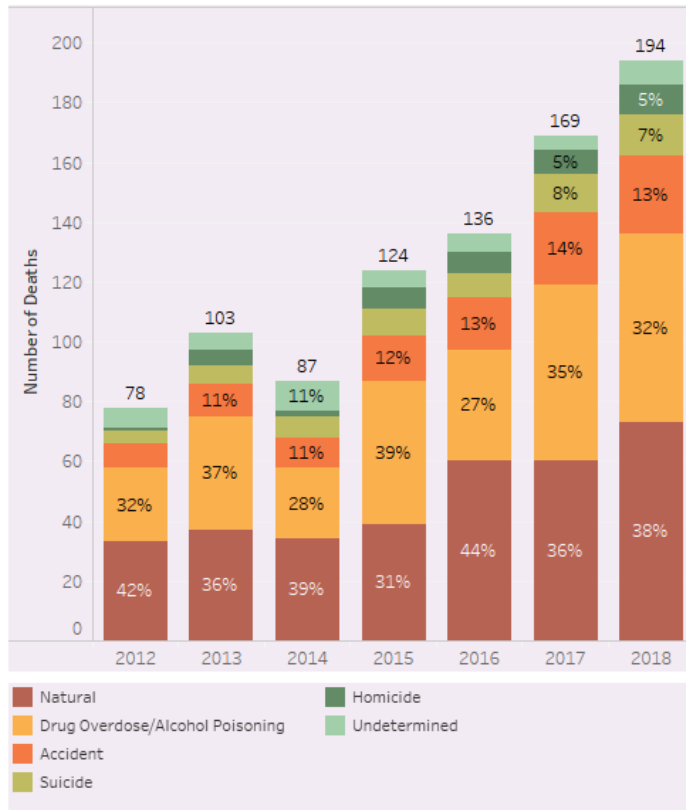
The KCMEO definition of "presumed homeless persons" is individuals without evidence of permanent housing who lived on the streets or stayed in a shelter, vehicle, or abandoned building at the time immediately preceding death. Decedents who were living in supportive housing, transitional housing, or a doubled-up situation would not likely be classified as "homeless" by the KCMEO.

LIMITATIONS

This report does not include all deaths among individuals experiencing homelessness. Findings are **not generalizable** to the broader population of persons experiencing homelessness. Please see the [King County Medical Examiner's Annual Report](#) for a full description of KCMEO data.

Trends in the Number and Causes of MEO-Investigated Deaths that Occurred among Persons Presumed Homeless

Primary Cause of Death, 2012-Present



There is little year-to-year variation in the primary causes of death. In 2018, thirty-eight percent (38%) of presumed homeless deaths investigated by KCMEO were attributed to natural causes, including cardiovascular and respiratory complications. Thirty-two percent (n=63) of MEO-cases were classified as unintentional injuries due to drug overdose.

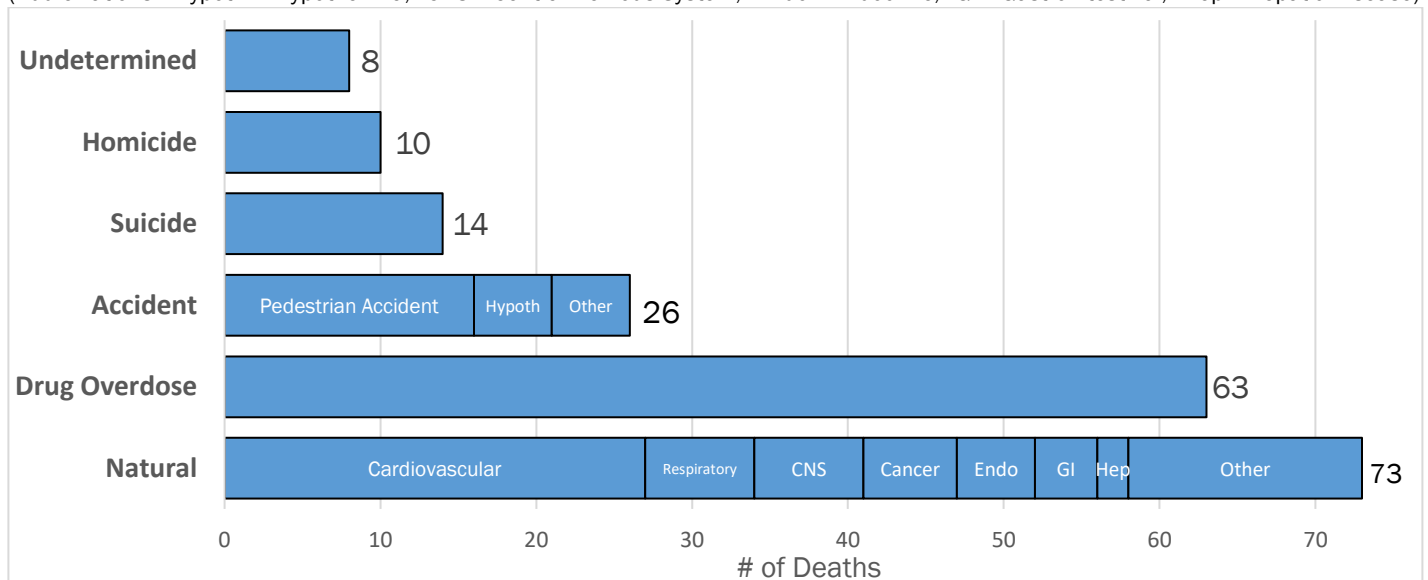
Seventeen deaths (9% of all investigated presumed homeless deaths) resulted from being struck by a vehicle or train or falling from a bicycle. Hypothermia was a primary cause of death in <3% of cases (n=5). Of presumed homeless deaths investigated by KCMEO, 5% were attributed to homicide and 7% were attributed to suicide.

These relative proportions have remained stable across years.

www.kingcounty.gov/depts/health/examiner/annual-report/homeless.aspx

Cause Attributed to MEO-Investigated Deaths that Occurred in 2018 among Persons Presumed Homeless

(Abbreviations: "Hypoth"= Hypothermia, "CNS"=Central Nervous System, "Endo"=Endocrine, "GI"=Gastrointestinal; "Hep"=Hepatic Disease)



Characteristics of Persons Presumed Homeless and Investigated by the KCMEO in 2018

Year: 2018	#	%
Overall	194	100%
Age		
<18	2	1%
18-34	34	18%
35-54	68	35%
55-74	85	44%
75 and over	5	3%
Sex		
Male	159	82%
Female	35	18%
Race		
White, non-Hispanic	145	75%
Black, non-Hispanic	28	14%
American Indian/AK Native, non-Hispanic	7	4%
Asian, non-Hispanic	4	2%
Other	5	3%
Unknown	1	1%
Hispanic	4	2%
Incident Location		
Seattle	122	63%
South King Co.	40	21%
East King Co.	9	5%
North King Co.	2	1%
Outside King Co.	7	4%
Unknown	14	7%

The demographic characteristics of homeless decedents remained stable over time (www.kingcounty.gov/depts/health/examiner/annual-report/homeless.aspx). Presumed homeless decedents investigated by the MEO were younger and disproportionately comprised of men and racial/ethnic minorities. Whereas the median age of all KC residents who died in 2018 was 79, the median age of presumed homeless decedents was 54.

Compared to all KC residents who died in 2018, a larger proportion of homeless decedents investigated by KCMEO were non-Hispanic Black (14.4% vs. 6.3%), non-Hispanic American Indian/Alaskan Native (3.6% vs. 1.4%), and male (82% vs. 51%).




Similar to previous years, the majority (63%) of deaths occurred in Seattle, and an additional 21% occurred in South King County.

2018 Incident Location Categories

Over half (n=107) of presumed homeless deaths investigated by the KCMEO occurred outdoors. A subset of these outdoors deaths (n=17) were attributed to a pedestrian-vehicle, pedestrian-train, or bicycle accidents. The remaining outdoor deaths were attributed to other causes and occurred in spaces not intended for human habitation.

For further discussion of this report, please see the Public Health Insider blog:

publichealthinsider.com/2019/05/09/recognizing-deaths-among-people-experiencing-homelessness/

	Outdoors 55% (n=107)
	Parks or Wooded Area (n=61)
	Outdoor Urban Locations (n=35) <i>(includes 17 pedestrian- or bicycle-involved accidents)</i>
	Encampments/Abandoned Sites (11)
	Motor Vehicles 6% (n=11)
	Indoors 39% (n=76)
	Healthcare Facilities (n=31)
	Residences (n=26)
	Shelters/Social Services (n=12)
	Hotels/Motels (n=7)